Current Problems in Cancer 47 (2023) 100881

Contents lists available at ScienceDirect

Current Problems in Cancer

journal homepage: www.elsevier.com/locate/cpcancer

Strategies to reduce health care disparities for sexual and gender minorities

Maria Maddalena Sirufo[a,b,d], Lina Maria Magnanimi[a], Lia Ginaldi[a,b,c], Massimo De Martinis[a,b,c,*]

[a] Department of Life, Health and Environmental Sciences, University of L'Aquila, Italy
[b] Allergy and Clinical Immunology Unit, Center for the diagnosis and treatment of Osteoporosis, AUSL 04 Teramo, Italy
[c] Technical group for the coordination of Gender Medicine, Regione Abruzzo, Italy
[d] Technical group for the coordination of Gender Medicine, AUSL 04 Teramo, Italy

ARTICLE INFO

Keywords: Sex, gender; Transgender; Cancer; Health care; SGM; Gender medicine; Oncology; Medical education; Health professional training

Dear Editor,

we read with great interest the work by Jason Domogauer et coll. "Disparities in cancer screenings for sexual and gender minorities" recently published in the Journal.[1]

The Authors outline in a very compelling way the disparities in cancer screening for sexual and gender minorities (SGM). Unfortunately, cancer screening rates remains low despite the known increased risk for various malignancies among SGM. The Authors admirably summarize the most frequent forms of cancer and the conditions most frequently encountered in these populations that increase the risk. Finally, they underline the need to collect Sexual Orientation and Gender Identity data by individual medical practice and large database to better understand and address cancer screening disparities and create a tailored intervention to ameliorate SGM health care.[1-3]

There are many social and cultural barriers that hinder a more adequate care of these minorities but as the Authors remind us one is particularly close to our heart and we believe it is

* Correspondence to: Massimo De Martinis, MD, Department of Life, Health and Environmental Sciences, University of L'Aquila, Piazzale Salvatore Tommasi n. 1, 67100 L'Aquila, Italy, Tel. +39 0861 429548; fax +39 0861 211395.
E-mail address: demartinis@cc.univaq.it (M. De Martinis).

https://doi.org/10.1016/j.currproblcancer.2022.100881
0147-0272/© 2022 Elsevier Inc. All rights reserved.

necessary to intervene decisively and promptly, because it is a decisive element in this process: Medical providers lack of knowledge around SGM cancer screening needs.[1] SGM are a heterogeneous group with related different health and health needs. The health problems of these minorities are many and sometimes linked to unique anatomical and physiological characteristics, other times to lifestyle and sexual habits, others to the use of therapeutic substances or abuse. In many of these situations, in addition to cancer, psychiatric disorders, infectious, cardiovascular, dysmetabolic and thromboembolic diseases are frequent. Unfortunately, health professionals beyond the listening and welcoming attitudes[4], almost always lack at least minimal knowledge about the specific health problems of these minorities and with all their good will they often do not have the means to deal with situations that arise. Health care request by SGM is increasing but what we would like to highlight in this context is that despite recent progress there are still many barriers for the equal access to health care. In some of these groups there may be significant differences in laboratory tests and in the evaluation of radiological investigation.[5,61] Research on the health problems of SGM are growing and this is a very positive and appreciable fact, however, one of the main problems remains the lack of adequate training and knowledge of health care professionals.[7,8] To optimize SGM care more cultural and operational training is needed.[9–11] An appropriate and urgent institutional intervention on the training and professional development is therefore essential in this perspective to assist and give appropriate routine medical care to SGM patients outside of specialized health clinics.[12] For this purpose, it is necessary to redesign the training and educational curricula of health care professionals so they can provide adequate assistance in counseling, screening and take care of their SGM patients.

Funding

This research received no funding.

Conflict of interest

The authors have nothing to disclose.

References

1. Domogauer J, Cantor T, Quinn G, Stasenko M. Disparities in cancer screenings for sexual and gender minorities. *Curr Probl Cancer*. 2022:100858. doi:10.1016/j.currproblcancer.2022.100858.
2. Crissman HP, Haley C, Stroumsa D, et al. Leveraging administrative claims to understand disparities in gender minority health: contraceptive use patterns among transgender and nonbinary people. *LGBT Health*. 2022;9:186–193. doi:10.1089/lgbt.2021.0303.
3. Townsend M, Clark BA. Universal gender screening: a simple strategy to enhance primary care for transgender and gender diverse people. *Fam Pract*. 2022:cmab176. doi:10.1093/fampra/cmab176.
4. Burstein DS, Svigos F, Patel A, et al. A scoping review on the concept of physician caring. *J Gen Intern Med*. 2022:1–13. doi:10.1007/s11606-021-07382-4.
5. Cheung AS, Cook T, Ginger A, Zwickl S. Sex specific reference ranges and transgender care. *BMJ*. 2022;376:e069874. doi:10.1136/bmj-2021-069874.
6. Stowell JT, Garner HW, Herrmann S, Tilson K, Stanborough RO. Bone health of transgender adults: what the radiologist needs to know. *Skeletal Radiol*. 2020;49:1525–1537. doi:10.1007/s00256-020-03511-y.
7. Rosendale N, Goldman S, Ortiz GM, Haber LA. Acute clinical care for transgender patients: a review. *JAMA Intern Med*. 2018;178:1535–1543. doi:10.1001/jamainternmed.2018.4179.
8. Ulrich IP, Harless C, Seamon G, et al. Implementation of transgender/gender nonbinary care in a family medicine teaching practice. *J Am Board Fam Med*. 2022;35:235–243. doi:10.3122/jabfm.2022.02.210182.
9. Guss CE, Dahlberg S, Said JT, Addison J, Katz-Wise SL. Use of an educational video to improve transgender health care knowledge. *Clin Pediatr (Phila)*. 2022:99228221084575. doi:10.1177/00099228221084575.
10. Sirufo MM, Magnanimi LM, Ginaldi L, De Martinis M. How to ensure better healthcare experiences for transgender people. *Fam Pract*. 2022 accepted. doi:10.1093/fampra/cmac043.
11. Sirufo MM, Magnanimi LM, Ginaldi L, De Martinis M. Strategies to optimise health in transgender individuals. *Emerg Med Australas*. 2022 submitted. doi:10.1111/1742-6723.14026.
12. Safer JD, Tangpricha V. Care of the Transgender Patient. *Ann Intern Med*. 2019;171:ITC1–ITC16. doi:10.7326/AITC201907020.

Further reading

1. Sirufo MM, Magnanimi LM, Ginaldi L. Barriers to inclusive healthcare for transgender people. *Eur J Radiol*. 2022. doi:10.1016/j.ejrad.2022.110367.